

**Coast Guard  
Peer Review Instrument  
V04.18.05  
DIABETES**

<b>Recommendation</b>	<b>Met</b>	<b>Not Met</b>	<b>Not Applicable - Why?</b>	<b>Comments:</b>
1. Treatment plan in SOAP format each visit?				
2.a Documented weight and blood pressure at each visit?				
2b Elevated BP > 130/80 addressed?				
2c. BP.140/90 treated? (ACE Inhibitor rec.) (Consider ASA)				
3.Documented dietary reinforcement/smoking cessation at each visit?				
4a. Visual inspection of feet if high risk.				
4b. Comprehensive foot exam annually including skin, pulses, sensation? (Podiatry referral if abnormal.)				
6. Documented fasting glucose and HgA1C every 3-6 months? (Target: 7.0%)				
7a. Urine screen for micro-albumin yearly?				
7b. If positive, 24 hour urine for creatinine and protein excretion yrly?				
8a: Lipid profile performed yearly				
8b. Elevations of LDL >100 or TG >150 are addressed?				
9. Dilated retinal exam yearly if on insulin or every 2 years if on oral meds?				
10. Pneumovax/flu shots current?				
11. Follow up documented?				